

JC867 U.S. PTO  
10/60/01

05-10-01

A

Please type a plus sign (+) inside this box → PTO/SB/05 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0032U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 47079-00092

First Inventor Stephen A. Canterbury

Title Method And Apparatus For Write Protecting A Gaming Storage Medium

Express Mail Label No. EL705450558US, filed May 9, 2001

PTO-1825  
U.S. PATENT AND TRADEMARK OFFICE

10/60/01

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

- |  |   |
|--|---|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form<br/>(Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 14]<br/>(preferred arrangement set forth below)           <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D Invention</li> <li>- Reference to Microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 3]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 3]           <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/>(for continuation/divisional with Box 17 completed)               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> </p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission<br/>(if applicable, all necessary)           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. <input type="checkbox"/> Specification Sequency Listing on:               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul> </p> |
|--|---|

**Accompanying Application Parts**

- |   |  |
|---|--|
| <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br/>(when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/>(Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/>(if foreign priority is claimed)</p> <p>16. <input checked="" type="checkbox"/> Other Check No. 14801 for \$910.00</p> |  |
|---|--|

**17. If a CONTINUING APPLICATION,** check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation       Divisional       Continuation-in-part (CIP) of prior application No: \_\_\_\_\_ / \_\_\_\_\_, filed \_\_\_\_\_

Prior application Information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS****23,932**

Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or  New correspondence address below

|                   |                              |           |                |                                   |                    |
|-------------------|------------------------------|-----------|----------------|-----------------------------------|--------------------|
| NAME              | Daniel J. Burnham            |           |                |                                   |                    |
| ADDRESS           | Jenkens & Gilchrist          |           |                |                                   |                    |
|                   | 1445 Ross Avenue, Suite 3200 |           |                |                                   |                    |
| CITY              | Dallas                       | STATE     | TX             | ZIP CODE                          | 75202-2799         |
| COUNTRY           | USA                          | TELEPHONE | (312) 425-3900 |                                   | FAX (214) 855-4588 |
| Name (Print/Type) | Daniel J. Burnham            |           |                | Registration No. (Attorney/Agent) | 39,618             |
| Signature         | <i>Daniel J. Burnham</i>     |           |                | Date                              | May 9, 2001        |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**FEE TRANSMITTAL**

|                                |                    |                             |                               |                       |             |
|--------------------------------|--------------------|-----------------------------|-------------------------------|-----------------------|-------------|
|                                |                    | <b>Complete if Known</b>    |                               |                       |             |
|                                |                    | <b>Application Number</b>   |                               | Not Assigned          |             |
|                                |                    | <b>Filing Date</b>          |                               | May 9, 2001           |             |
|                                |                    | <b>First Named Inventor</b> |                               | Stephen A. Canterbury |             |
|                                |                    | <b>Group Art Unit</b>       |                               | Not Assigned          |             |
|                                |                    | <b>Examiner Name</b>        |                               | Not Assigned          |             |
| <b>TOTAL AMOUNT OF PAYMENT</b> | (\$) <b>910.00</b> |                             | <b>Attorney Docket Number</b> |                       | 47079-00092 |

| <b>METHOD OF PAYMENT</b> (check one)  |                         |                       |                 |  |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
|---|-------------------------|-----------------------|-----------------|--|------------------------|-----------------------|-----------------|-----------------------|-----------------|-----------------|----------|----------|----------|----------|----------|-------------------------------------|----------|-----|-----|-----|-----|--|------------|-----|-----|-----|-----|---------------------------|--|-----|-------|-----|-------|--|--|-----|------|-----|------|--|--|-----|--------|-----|--------|---|--|-----|-----|-----|----|---|------------------------|-----|-----|-------|----------------|--|--|--------------|-------------------------|----------|-------------|---|--|-------------|-----------------------|----------|-------------|--|------------|---------------------------|-----|----------|--------------|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|--|--|-----|-------|-----|-----|--|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|----|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|---------------------------|--|--|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|---------------------|-----------------------|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br/><b>10-0447/47079-00092</b></p> <p>Deposit Account Number      Jenkens &amp; Gilchrist</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17      <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:<br/> <input checked="" type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>   |                         |                       |                 |  |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| <b>FEES CALCULATION</b> (fees effective 11/10/98)   |                         |                       |                 |  |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| <p><b>1. FILING FEE</b></p> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th colspan="2"></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>710</td> <td>201</td> <td>355</td> <td>Utility filing fee</td> <td><u>710</u></td> </tr> <tr> <td>106</td> <td>320</td> <td>206</td> <td>160</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>490</td> <td>207</td> <td>245</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>710</td> <td>208</td> <td>355</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4"></td> <td><b>SUBTOTAL (1)</b></td> <td><b>(\$)</b> <u>710</u></td> </tr> </tbody> </table> <p><b>2. CLAIMS</b></p> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>Extra</th> <th>Fee from below</th> <th colspan="2">Fee Paid</th> </tr> <tr> <th>Total Claims</th> <th><u>18</u> - <u>20</u> =</th> <td><u>0</u></td> <td>X <u>18</u></td> <td>=</td> <td></td> </tr> <tr> <th>Independent</th> <th><u>5</u> - <u>3</u> =</th> <td><u>2</u></td> <td>X <u>80</u></td> <td>=</td> <td><u>160</u></td> </tr> </thead> <tbody> <tr> <td>Multiple Dependent Claims</td> <td></td> <td><u>0</u></td> <td>X <u>270</u></td> <td>=</td> <td></td> </tr> </tbody> </table>   |                         |                       |                 |  |                        | Large Entity          |                 | Small Entity          |                 |                 |          | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description                     | Fee Paid | 101 | 710 | 201 | 355 | Utility filing fee                                 | <u>710</u> | 106 | 320 | 206 | 160 | Design filing fee         |  | 107 | 490   | 207 | 245   | Plant filing fee                       |  | 108 | 710  | 208 | 355  | Reissue filing fee                                     |  | 114 | 150    | 214 | 75     | Provisional filing fee                              |  |     |     |     |    | <b>SUBTOTAL (1)</b>                       | <b>(\$)</b> <u>710</u> |     |     | Extra | Fee from below | Fee Paid                                   |  | Total Claims | <u>18</u> - <u>20</u> = | <u>0</u> | X <u>18</u> | =   |  | Independent | <u>5</u> - <u>3</u> = | <u>2</u> | X <u>80</u> | =  | <u>160</u> | Multiple Dependent Claims |     | <u>0</u> | X <u>270</u> | =                |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| Large Entity  |                         | Small Entity          |                 |  |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| Fee Code  | Fee (\$)                | Fee Code              | Fee (\$)        | Fee Description  | Fee Paid               |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 101   | 710                     | 201                   | 355             | Utility filing fee   | <u>710</u>             |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 106   | 320                     | 206                   | 160             | Design filing fee  |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 107   | 490                     | 207                   | 245             | Plant filing fee   |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 108   | 710                     | 208                   | 355             | Reissue filing fee   |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 114   | 150                     | 214                   | 75              | Provisional filing fee   |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
|   |                         |                       |                 | <b>SUBTOTAL (1)</b>  | <b>(\$)</b> <u>710</u> |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
|   |                         | Extra                 | Fee from below  | Fee Paid   |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| Total Claims  | <u>18</u> - <u>20</u> = | <u>0</u>              | X <u>18</u>     | =  |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| Independent   | <u>5</u> - <u>3</u> =   | <u>2</u>              | X <u>80</u>     | =  | <u>160</u>             |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| Multiple Dependent Claims   |                         | <u>0</u>              | X <u>270</u>    | =  |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| <p><b>3. ADDITIONAL FEES</b></p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for response within first month</td> <td></td> </tr> <tr> <td>116</td> <td>390</td> <td>216</td> <td>195</td> <td>Extension for response within second month</td> <td></td> </tr> <tr> <td>117</td> <td>890</td> <td>217</td> <td>445</td> <td>Extension for response within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,390</td> <td>218</td> <td>695</td> <td>Extension for response within fourth month</td> <td></td> </tr> <tr> <td>119</td> <td>310</td> <td>219</td> <td>155</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>270</td> <td>221</td> <td>135</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive unavoidably abandoned application</td> <td></td> </tr> <tr> <td>141</td> <td>1,240</td> <td>241</td> <td>620</td> <td>Petition to revive unintentionally abandoned application</td> <td></td> </tr> <tr> <td>142</td> <td>1,240</td> <td>242</td> <td>620</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>440</td> <td>243</td> <td>220</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>600</td> <td>244</td> <td>300</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>40</td> </tr> <tr> <td>146</td> <td>710</td> <td>246</td> <td>355</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>710</td> <td>249</td> <td>355</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td colspan="2"></td> </tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"></td> <td><b>SUBTOTAL (3)</b></td> <td><b>(\$)</b> <u>40</u></td> </tr> </tbody></table> |                         |                       |                 |  |                        | Large Entity Fee Code | Entity Fee (\$) | Small Entity Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 105      | 130      | 205      | 65       | Surcharge - late filing fee or oath |          | 127 | 50  | 227 | 25  | Surcharge - late provisional filing or cover sheet |            | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for response within first month |                        | 116 | 390 | 216   | 195            | Extension for response within second month |  | 117          | 890                     | 217      | 445         | Extension for response within third month |  | 118         | 1,390                 | 218      | 695         | Extension for response within fourth month |            | 119                       | 310 | 219      | 155          | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive unavoidably abandoned application |  | 141 | 1,240 | 241 | 620 | Petition to revive unintentionally abandoned application |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40 | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee (specify) _____ |  |  |  |  |  | Other fee (specify) _____ |  |  |  |  |  |  |  |  |  | <b>SUBTOTAL (3)</b> | <b>(\$)</b> <u>40</u> |
| Large Entity Fee Code   | Entity Fee (\$)         | Small Entity Fee Code | Entity Fee (\$) | Fee Description  | Fee Paid               |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 105   | 130                     | 205                   | 65              | Surcharge - late filing fee or oath  |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 127   | 50                      | 227                   | 25              | Surcharge - late provisional filing or cover sheet                         |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 139   | 130                     | 139                   | 130             | Non-English specification  |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 147   | 2,520                   | 147                   | 2,520           | For filing a request for reexamination                                     |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 112   | 920*                    | 112                   | 920*            | Requesting publication of SIR prior to Examiner action                     |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 113   | 1,840*                  | 113                   | 1,840*          | Requesting publication of SIR after Examiner action                        |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 115   | 110                     | 215                   | 55              | Extension for response within first month                                  |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 116   | 390                     | 216                   | 195             | Extension for response within second month                                 |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 117   | 890                     | 217                   | 445             | Extension for response within third month                                  |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 118   | 1,390                   | 218                   | 695             | Extension for response within fourth month                                 |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 119   | 310                     | 219                   | 155             | Notice of Appeal   |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 120   | 310                     | 220                   | 155             | Filing a brief in support of an appeal                                     |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 121   | 270                     | 221                   | 135             | Request for oral hearing   |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 138   | 1,510                   | 138                   | 1,510           | Petition to institute a public use proceeding                              |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 140   | 110                     | 240                   | 55              | Petition to revive unavoidably abandoned application                       |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 141   | 1,240                   | 241                   | 620             | Petition to revive unintentionally abandoned application                   |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 142   | 1,240                   | 242                   | 620             | Utility issue fee (or reissue)   |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 143   | 440                     | 243                   | 220             | Design issue fee   |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 144   | 600                     | 244                   | 300             | Plant issue fee  |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 122   | 130                     | 122                   | 130             | Petitions to the Commissioner  |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 123   | 50                      | 123                   | 50              | Petitions related to provisional applications                              |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 126   | 180                     | 126                   | 180             | Submission of Information Disclosure Stmt                                  |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 581   | 40                      | 581                   | 40              | Recording each patent assignment per property (times number of properties) | 40                     |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 146   | 710                     | 246                   | 355             | Filing a submission after final rejection (37 CFR 1.129(a))                |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| 149   | 710                     | 249                   | 355             | For each additional invention to be examined (37 CFR 1.129(b))             |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| Other fee (specify) _____   |                         |                       |                 |  |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| Other fee (specify) _____   |                         |                       |                 |  |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
|   |                         |                       |                 | <b>SUBTOTAL (3)</b>  | <b>(\$)</b> <u>40</u>  |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |
| * Reduced by Basic Filing Fee Paid  |                         |                       |                 |  |                        |                       |                 |                       |                 |                 |          |          |          |          |          |                                     |          |     |     |     |     |  |            |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |   |                        |     |     |       |                |  |  |              |                         |          |             |   |  |             |                       |          |             |  |            |                           |     |          |              |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |                           |  |  |  |  |  |                           |  |  |  |  |  |  |  |  |  |                     |                       |

|                       |                          |                          |             |                     |                      |
|-----------------------|--------------------------|--------------------------|-------------|---------------------|----------------------|
| SUBMITTED BY          |                          | Complete (if applicable) |             |                     |                      |
| Typed or Printed Name | <i>Daniel J. Burnham</i> |                          | Reg. Number | 39,618              |                      |
| Signature             | <i>Daniel J. Burnham</i> |                          | Date        | 5/9/01              | Deposit Acct User ID |
|                       |                          |                          |             | 10-0447/47079-00092 |                      |